FORM D

1642291

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



hours per response 16.00

FORM D

RECD S.E.O.
FEB 2 3 2004

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED						
Prefix	Serial					
DATE RE	ECEIVED					
1	1					

Name of Offering ([] check if this is an an	nendment and name has changed, as	nd indicate change	2.)	
iLinc Communications, Inc Conv	ertible Promissory Notes			
Filing Under (Check box(es) that apply):	[X] Rule 504 [] Rule 505	[] Rule 50	6 [] Section 4(6)	[] ULOE
Type of Filing: [X] New Filing	[] Amendment			
	A. BASIC IDENTIFICA	TION DATA		
1. Enter the information requested about	the issuer			
Name of Issuer [] check if this is an amend	lment and name has changed, and ir	ndicate change.)		
iLinc Communications, Inc.				
Address of Executive Offices	(Number and Street, City, State, 2	Zip Code)	Telephone Number (Includ	ing Area Code)
2999 N. 44 th Street, Suite 650) Phoenix, AZ 85018		(602) 952-1200	
Address of Principal Business Operations	(Number and Street, City, State, 2	Zip Code)	Telephone Number (Includ	ing Area Code)
(if different from Executive Offices)				
Brief Description of Business				DDOCES
Web conferencing and e-Learning	g products and services.		// //	Magazi
Type of Business Organization				FEB 26 20
[X] corporation [] lim	nited partnership, already formed	[] oth	er (please specify)	
[] business trust [] lim	nited partnership, to be formed			THOMSON
	Month	Year		PINANCA
Actual or Estimated Date of Incorporation o	or Organization: [0][3]	[9][8]	[X] Actual [] Estima	ted 🧐 🆫 😘
Jurisdiction of Incorporation or Organization	n: (Enter two-letter U.S. Postal S	Service abbreviati	on for State: 🖄 🌈 😁	
	CN for Canada: FN for forei	ign jurisdiction)	ீ்ட்டி√	CEO GA

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Buon executive office	and uncetor of cor	portate issuers and or corpore	are general and managing pe	attiers of partiters	mp issuers, and
 Each general and man 	naging partner of par	tnership issuers.			
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Powers, Jr., James M.					
Business or Residence Addre		eet, City, State, Zip Code)			
2999 N. 44 th Street, Ph	oenix, AZ				
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Dunn, Jr., James L.,					
Business or Residence Addre	· ·	eet, City, State, Zip Code)			
2999 N. 44 th Street, Ph	oenix, AZ				
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, it Zuckerman, Preston	•				
Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)			
2999 N. 44th Street, Ph	oenix, AZ				
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, i Collins, James H.					
Business or Residence Addre	•	eet, City, State, Zip Code)			
2999 N. 44th Street, Ph	oenix, AZ				
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, i Petzold, Kent					
Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)			
2999 N. 44th Street, Ph	oenix, AZ				
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, i					
Robinson, Jr., Daniel					
Business or Residence Addre	,	eet, City, State, Zip Code)			
2999 N. 44th Street, Ph	oenix, AZ				
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Siegel, George M.					······································
Business or Residence Addre	•	eet, City, State, Zip Code)			
2999 N. 44 th Street, Ph	oenix, AZ				
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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if	individual)				
Cocozza, Nathan					
Business or Residence Addres	•	et, City, State, Zip Code)			
2999 N. 44th Street, Pho	enix, AZ				
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if	individual)				3.5
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			<u> </u>
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if	individual)				managing t articl
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)		<u>.</u>	
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)		44 84 10 10 10 10 10 10 10 10 10 10 10 10 10	
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
(Check box(es) that apply):	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			

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		,			В.	INFORM	MATION	ABOUT	OFFERI	۸Ġ				7 15 1	
1	11	1 . 1		1 : :		-11 4	1:4 .	1:	- : 41-: 6	Y' 0				Yes	No
1.	Has the I	ssuer sola	, or does t	ne issuer i		en, to non- lso in App						***************************************		[]	[X]
2.	What is t	he minim	ım investr	nent that v		• • •			_			••••		\$ 25.0	00
						_	-							Yes	No
3.	Does the	offering p	ermit join	it ownersh	ip of a sin	gle unit?		······································	,,,,					[]	[X]
4.	or simila listed is a of the bro	r remuner an associa oker or de	ation for s ted person	solicitation or agent ore than fi	n of purch of a broke ve (5) per	asers in co er or deale sons to be	onnection r registere	with salesed with the	s of securi SEC and	ties in the /or with a	offering. state or st	y, any com If a perso ates, list the	on to be ne name		
	Name (La ne – N/A		irst, if ind	ividual)											
Bus	iness or R	esidence A	Address (N	lumber an	d Street, (City, State,	, Zip Code	e)							
Nan	ne of Asso	ciated Bro	oker or De	aler		•		-							
Stat	es in Whic	ch Person	Listed Ha	s Solicited	l or Intend	s to Solici	t Purchase	ers							
(Ch	eck"All S	tates" or c	check indi	vidual Sta	tes)				,,	• • • • • • • • • • • • • • • • • • • •	,			[]A	Il States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full	Name (La				[171]	[01]	[* *]	[,,,,	_ [,,,,,]_				[[]		
Bus	iness or R	esidence A	Address (N	Number an	d Street, (City, State,	, Zip Code	e)							
Nar	ne of Asso	ciated Bro	oker or De	aler											
Stat	es in Whic	ch Person	Listed Ha	s Solicited	or Intend	ls to Solici	t Purchase	ers							
(Ch	eck "All S	tates" or o	heck indi	vidual Sta	tes)	••••••••						••••••		[] A	II States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full	Name (L					<u> </u>					<u> </u>				
Bus	iness or R	esidence A	Address (N	Number an	d Street, (City, State,	, Zip Code	e)							
Nar	ne of Asso	ciated Bro	oker or De	ealer		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·								······································
Stat	tes in Whi	ch Person	Listed Ha	s Solicited	or Intend	ls to Solici	t Purchase	ers							
(Ch	eck "All S	tates" or o	heck indi	vidual Sta	tes)	***************************************		······································	·····		•••••			[] A	Il States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	[RI]	(SC)	(SD)	[NT]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

CT01/PAINB/183001.1 4 of 9

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	0
	[] Common [] Preferred				
	Convertible Securities	\$	500,000	\$	500,000
	Partnership Interests	\$	0	- _ \$	0
	Other: (Specify)				C
	Total			_	
	Answer also in Appendix, Column 3, if filing Under ULOE.	_		- *	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings Under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		5	\$	500,000
	Non-accredited Investors			- \$	
	Total (for filings Under Rule 504 only)		5	- \$	500,000
	Answer also in Appendix, Column 4, if filing Under ULOE.			-	
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		Type of		Dollar
	Type of Offering		Security		Amount Sold
	Rule 505		N/A	- \$	N/A
	Regulation A		N/A	- \$	N/A
	Rule 504		Conv. Note	_ \$	500,000
	Total		Conv. Note	\$	500,000
	Answer also in Appendix, Column 4, if filing Under ULOE.				
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in Exclude amounts relating solely to organization expenses of the issuer. The information may be given as su contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to estimate.	bje	ct to future		
	Transfer Agent's Fees		[]	\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		[X]	\$	8,000
	Accounting Fees		[]	\$	
	Engineering Fees.		[]	\$	C
	Sales Commissions (Specify finder's fees separately)		-	\$	
	pares commissions (opegar) initial stees separately [·· []	Ψ	υ

Total [X]

5 of 9

\$ ____8,000_

[]

0

Other Expenses (identify) expense allowance

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$	492,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.		Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees	\$	0[]	\$	0
	Purchase of real estate	\$	0 []	\$	0
	Purchase, rental or leasing and installation of machinery and equipment		0 []	\$	0
	Construction or leasing of plant buildings and facilities	\$	0[]	\$	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	\$	0 []	\$	0
	Repayment of indebtedness				
	Working capital (General Use by Issuer)				
	Other (specify)				
	Total Payments Listed (column totals added)		\$ 492,000		
		•			
***	D. FEDERAL SIGNATURE				
signature	r has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is file constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.				
·	int or Type) Signature Da	te	2/17/24	=	
Name of	Signer (Print or Type) Title of Signer (Print or Type)		// // /		
	L. Dunn, Jr. General Counsel, Sr. Vice President				

ATTENTION

		GN	

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualifications provisions		
	of such rule?	Yes []	No [X]

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
iLinc Communications, Inc.		2/19/04
Name of Signer (Print or Type)	Title of Signer (Pant or Type)	
James L. Dunn, Jr.	General Counsel and Senior	Vice President

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			1	A	PPENDIX					
1	Intend to non-a investor	Type of security and aggregate offering price offered in state (Part C-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 2)				Type of investor and			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)	
State	Yes	No	Units of \$50,000 convertible subordinated note and warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		X	Convertible Promissory Note	3	\$300,000	0	0		X	
AR										
CA				· · · · · · · · · · · · · · · · · · ·						
СО		X	Convertible Promissory Note	1	\$100,000	0	0		X	
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CT01/PAINB/183001.1 8 of 9

and the					PPENDIX					
1	2		3			4			5	
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		Disqualifica under State U (if yes, atta explanatior waiver gran (Part E- Ite)		
State	Yes	No	Units of \$50,000 convertible subordinated note and warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT							<u> </u>			
NE										
NV										
NH		i								
NJ										
NM										
NY										
NC										
ND										
ОН		i								
OK										
OR										
PA										
RI									-	
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